SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) 10/030999 (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2md AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INC DEP. MODO STORES .32 :3 :5 **?7** :8 9! :2 .3 1.50 প্রবিদ .6 TAL TOUAL Ā TOTAL DEP. AL 3.2 TOTAL CLAIMS THEMENEMA RO EMILED SANDITIONAL DELL SE YAM